

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: DECLARATION BY THE INVENTOR

Docket Number (Optional)

18602-06524

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,983,261, granted November 9, 1999, and for which a reissue patent is sought on the invention entitled METHOD AND APPARATUS FOR ALLOCATING BANDWIDTH IN TELECONFERENCING APPLICATIONS USING BANDWIDTH CONTROL,

the specification of which

- is attached hereto.
- was filed on _____ as reissue application number _____
and was amended on November 9, 2001 (via Preliminary Amendment)
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

This is a broadening reissue to remove limitations in the claims as issued, by which limitations the patentee claimed less than it had the right to claim in the patent.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION: DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

18602-06524

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)

Registration Number

David L. Hayes, Reg. No. 34,838; Robert R. Sachs, Reg. No. 42,120; Michael R. Blum, Reg. No. 44,543; Amir H.

Raubvogel, Reg. No. 37,070; Brian M. Hoffman, Reg. No. 39,713; Sze-Hang Lo, Reg. No. 48,388

Correspondence Address: Direct all communications about the application to:

 Customer Number

00758



Type Customer Number Here

<input checked="" type="checkbox"/>	Firm or Individual Name			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	City	State	Zip	
<input type="checkbox"/>	Country			
<input type="checkbox"/>	Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name) Guy G. Riddle

Inventor's Signature _____ Date _____

Residence Los Gatos, California Citizenship _____

Mailing Address _____

Full name of sole or second inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Mailing Address _____

Full name of sole or third inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Mailing Address _____

 Additional Patentees are named on separately numbered sheets attached hereto.